

# The Concept of Mainstream Medicine For All Californians

## Fifth Progress Report of Committee On Role of Medicine in Society

### PART III

*This Fifth Progress Report is being printed in three parts in CALIFORNIA MEDICINE. Following the appearance of Part III the report will be bound in a pamphlet which may be ordered at \$1 a copy from 693 Sutter Publications, Inc., 693 Sutter Street, San Francisco, California 94102.*

IN PARTS I AND II of this report the Committee examined the history of the mainstream concept in health care as it has developed within the CMA and in California, certain assumptions which it seems reasonable to make for further planning, what the pluralistic approach is accomplishing in health care today, and some of the principal existing barriers to mainstream care for all Californians. Also the Committee identified a number of subject areas which appear to be in urgent need of study and development as essential to achieving the goal of "mainstream medicine for all Californians." In Part III the Committee suggests the broad outlines of what might be a comprehensive program for organized medicine in California to achieve this goal through its leadership. This will be considered in a number of categories of professional function as follows:

- The practicing physician
- The local or community medical society
- The regional approach
- The state medical association
- Annual California Congress on the State of Health Care

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Parts I and II of this report appeared in the February and March, 1970, issues of CALIFORNIA MEDICINE.

### The Practicing Physician

If the basic assumptions in Part I are correct, as appears likely, and particularly if the shortage of physicians is to be "permanent" as also appears likely, then the present role of the practicing physician will change. Further, if one considers that a license to practice granted by society through the state confers a privilege which is accompanied by a responsibility to society, then the licensee has some responsibility to adjust his practice to meet the needs of society, just as is the case with the licensed driver of an automobile on the highway. The concept of mainstream medicine for all Californians is an answer to a new determination of need by society, and it will require thoughtful reassessment and considerable modification of the "driving habits" of many California physicians if the goal is to be achieved.

The scope and responsibilities of medicine in today's society have been examined elsewhere.\* They are enormous, while physician manpower is quite limited, as is the productivity of any single physician. If the task is to be accomplished and the responsibilities met then ways must be found

\*Scope and Responsibility of Medicine. Calif Med 108:405-411, 1968, and 109:50-52; 168-171; 238-239; 332-333, 413-415, and 509-514, 1968

to extend the reach and effectiveness of the practicing physician substantially.

The Committee suggests that the finiteness of a physician's time is the principal limiting factor but that for physicians to work more hours is not the solution. The average is already approximately 60 hours a week. And the problem is not lessened by the fact that the requirements of many present day health care programs make many new demands upon the practicing physician's time and reduce his efficiency in many ways, as does the growing expectation that he will perform an increasing amount of professional and community service and provide visible and measurable evidence that he continues his education.

The Committee believes that if the professional commitment to the goal of mainstream medicine for all Californians is a serious one, the time is now at hand when each practicing physician will need to review his "driving habits" with a view to improving his productivity, extending his reach, providing time for his continuing education, professional and community service, and even his rest and recreation, since without this he cannot perform efficiently. For many this will entail new arrangements for practice with closer association with colleagues, greater use of human and mechanical aids, new ways of personalizing health care (perhaps through the use of assistants or associates from closely allied professions) and, to employ a current and overworked phrase, his education and continuing education will need to be more "relevant" to these areas of responsibility in practice.

*The Committee recommends that practicing physicians be encouraged to review their methods of practice; and in collaboration with others seek to extend their productivity and reach, and that incentives be developed for them to accomplish this within the framework of mainstream medicine.*

### The Local Medical Society

The county medical society, through its leadership and its membership, is the instrument through which the medical profession interfaces with the community. It parallels a basic political organization of society which is an advantage, but in many parts of California these political jurisdictions do not coincide with the natural social or economic boundaries and this may be a disadvantage in health care. However this may be, the present public acceptance and even promotion of

the concept that health is a community affair places great responsibility upon the local medical society and its membership if the medical profession is to provide effective leadership in the overall effort to achieve the goal of mainstream medicine for all Californians.

The Committee recognizes that many county medical societies in California have already and for a long time made major and innovative contributions toward the betterment of health care in their communities and for this they are to be commended. The Committee believes that what is needed now is a greater recognition by *all* local medical societies of a responsibility to assume leadership in their communities to find local solutions to local problems in health care and not to rest until this has been accomplished. It is no longer sufficient for a local medical society to wait for a community to ask it for advice, rather the local medical society should seek the help of its members and of the local community to make whatever innovations and adjustments are necessary to achieve the national purpose which is to provide equal access for all citizens to one-class, one-door, high quality medical care, without discrimination on the basis of race, creed, color or economic circumstances, yet with a maximum amount of local option and local control. The medical profession has always favored local as opposed to central control, and it is now necessary to prove that the national purpose in health care can be achieved through primary action at the local level.

*The Committee recommends that each local medical society be encouraged to recognize its primary and inescapable responsibility to assume professional and community leadership to bring about satisfactory local solutions to any barriers to "mainstream medicine for all Californians" which may be found to exist within the local jurisdiction.*

### The Regional Approach

In the previous section it was suggested that the county may not always be the best jurisdiction from the standpoint of function. For some functional purposes it may be too small and for others too large. Where it is too large the necessary geographical or functional subdivisions may be accomplished within a county medical society, but where it is too small the desirable regional arrangements have been far more difficult to achieve.

The Committee believes the time has come when regional groupings or associations of county

medical societies should be considered and probably developed in certain areas of the state. The evidence is that many aspects of health care financing and the organization of health care delivery will be planned and operated on a regional basis for reasons of both efficiency and economy. The further development of Comprehensive Health Planning (P. L. 89-749 as amended) will place additional emphasis on regional organization. For these reasons it would seem that strong organizational instruments of the CMA will be needed in a number of regions throughout the state to match regional organization in both the public and private sector if organized medicine is to play the significant leadership role it should in the development of mainstream medicine for all Californians.

*The Committee recommends that the CMA examine the possibilities of developing regional organizations within its structure which will provide an effective means of coordinating professional activity and exercising professional leadership for the betterment of health care in those regions of the state where this is being done on a regional basis.*

### The State Medical Association

The Committee finds that the State of California is a natural and functional entity not only from the geographical but also from the social, political and economic point of view. Conveniently its size is about one-tenth that of the United States. Largely for these reasons and because of the very rapid growth of the state in both population and productivity, with all the problems which these have created, the California Medical Association finds itself with a substantial experience in dealing with health care problems within these natural and functional boundaries, be the problems geographical, social, economic or political in nature.

The Committee believes that the CMA should now build upon this experience, develop further its knowledge and expertise, and through its leadership and organizational activity cause the necessary steps to be taken within and without the profession to make mainstream medicine for all Californians a reality.

Just as the local medical societies, and any regional medical organizations which may come into being, have a primary responsibility for finding local solutions to local health care problems, the state medical association has a primary responsibility to see that the mainstream requirements of

equality of access and equality of quality are also met statewide. The Committee believes that there are well established techniques by which this may be accomplished through voluntary means by the use of such things as "guidelines," "essentials," "certification," "accreditation" and the like. The Committee also believes that it should be the responsibility of the CMA to further develop and use these techniques, which as they come into being will, when taken together, constitute a framework for mainstream medicine in California.

The leadership role of the CMA is therefore a major one. It should be an instigator, advisor, coordinator, arbiter and advocate for mainstream medicine for all Californians. It should develop and refine the essentials for leadership discussed in Part II of this report and create the necessary guidelines to provide such a statewide framework for mainstream medicine. It should be a central information center, a communications center, an instrument of advocacy for the betterment of health care throughout the state, and a source of continuing public information with respect to the unsolved problems and the progress which has been made.

*The Committee recommends that the California Medical Association assume responsibility for exercising the leadership which will be needed, both within and without the profession, to make "mainstream medicine for all Californians" more nearly a reality in the state and a model for the nation.*

### An Annual Congress on California's Health

At the beginning of this report it was stated that the "mainstream" concept is voluntary and cooperative in emphasis, that it relies more on motivation than compulsion, that it is responsive to individual and local needs, and is dedicated to ensuring equal access to a single level of high quality health services and portability of protection in health care. Clearly if the goal of mainstream medicine for all Californians is to be achieved or even approached, there must be a cooperative effort within what is coming to be called the "health care industry," which is a loose term referring to the aggregate of many essentially autonomous components whose activities and goals may bear more or less of a relationship to one another. The Committee believes that there will be needed some mechanism or device which will act to orient and coordinate these properly autonomous and

pluralistic interests and activities for the betterment of health care.

It would seem that an annual congress on the state of health care in California in which all the parties at interest throughout the state would be invited to participate, could accomplish this purpose admirably, by identifying problems, setting goals and measuring the progress which is made each year. Since the medical profession is involved in one way or another in almost every aspect of the mainstream medicine for all Californians it would seem to be the most appropriate body in the private sector to act as convenor of such an annual congress.

*The Committee recommends that the California Medical Association assume the initiative in convening an "Annual Congress on California Health" of all the parties at interest in health care for the purpose of identifying problems, setting goals and measuring the progress which is made each year.*

## CONCLUSION

This *Fifth Progress Report* of the Committee on the Role of Medicine in Society assumes that mainstream medicine for all citizens is the national purpose in health care and that "Mainstream Medicine for All Californians" is a goal of the California Medical Association. The report seeks to outline in broad perspective some of the problems which exist and some of the steps to be taken to adapt mainstream care to the needs of today and tomorrow. The report is a call to action since in a very real sense the voluntary free enterprise system is on test to see whether or not it can provide mainstream medicine for all Californians.

## RECOMMENDATIONS

The Committee recommends that:

- *The Council undertake a "crash" program of study and research to develop an improved technology for health teams, centralization and decentralization of health services, health care plans and financing of health care, cost benefit assessment, leadership techniques and appropriate guidelines in each of these and other appropriate areas, which when taken together might constitute a kind of flexible framework for "mainstream medicine for all Californians."*

- *Practicing physicians be encouraged to review their methods of practice; and in collaboration with others seek to extend their productivity and reach, and that incentives be developed for them to accomplish this*

*within the framework of mainstream medicine.*

- *Each local medical society be encouraged to recognize its primary and inescapable responsibility to assume professional and community leadership to bring about satisfactory local solutions to any barriers to "mainstream medicine for all Californians" which may be found to exist within the local jurisdiction.*

- *The CMA examine the possibilities of developing regional organizations within its structure which will provide an effective means of coordinating professional activity and exercising professional leadership for the betterment of health care in those regions of the state where this is being done on a regional basis.*

- *The CMA assume responsibility for exercising the leadership which will be needed, both within and without the profession, to make "mainstream medicine for all Californians" more nearly a reality in the state and a model for the nation.*

- *The CMA assume the initiative in convening an "Annual Congress on California Health" of all the parties at interest in health care for the purpose of identifying problems, setting goals and measuring the progress which is made each year.*

## FIFTH PROGRESS REPORT

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